## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** N97000006933 (2)

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UPPER EASTSIDE MIAMI COUNSEL, INC.								
Principal Place of Business Mailing Address						- 18814181 816 (6311 1881) 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1 881/1		
720 NORTHEAST 69TH STREET 720 NORTHEAST 69TH STREET MIAMI FL 33138				ET		3. Date Incorporated or Qualified 12/12/1997		
						4. FEI Number 819419 Applied For Not Applicable		
2. Principal Place of Business 21		24. Mailing Add	<u></u>			Certificate of Status Desired     Status Desired     Status Desired     Fee Required		
Suite, Apt.	·	Suite, Apt.				Election Campaign Financing     Trust Fund Contribution     Added to Fees		
City & Stat	e	<b>├</b> ─	City & State			7. Is this nonprofit corporation a homeowners association?  ☐ Yes ☐ No		
Zip 24	Country 25	Zip 29	30	Country	,	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes No		
<del></del>	9. Name and Address of Curre			T		10. Name and Address of New Registered Agent		
				81	Name			
Cronig, Steven C ESQ C/O Bailey & Jones				82	Street /	Address (P.O. Box Number is Not Acceptable)		
300 COURVOISIER CENTRE 501 BRICKEY KEY DR				83	<del></del>			
MIAMI FL 33131-2623								
				84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling)  DATE								
12.		ND DIRECTORS		13.	A SPECIAL DES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>†</b>			.1 TITLE		Change Addition		
NAME	CASE, BARBARA		Į,	.2 NAME	J			
STREET ADDRESS	A A A LONG ICANT SATUROTHER			1.3 STREET ADDRESS		)		
CITY-ST-ZIP	MIAMI FL 33138		1	.4 CITY - S	T-ZIP			
TILE	T		DELETE 2	.1 TITLE		Change Addition		
NAME	DANIE, DWIGHT		1	2 NAME				
STREET ADDRESS				2.3 STREET ADDRESS		8 - 919		
CFTY-ST-ZIP	MIAMI FL 33138			4 CITY-5	ST-ZIP			
TITLE	   CLANDEDS DOBERT	اليا		I.1 TITLE	I	Change Addition		
NAME	TAN ALONG IPAGE ANTIL OTDEET ACAI			2 NAME				
STREET ADDRESS	MIAMI FL 33138	LCI, \$571			ADDRESS			
CITY-ST-ZIP TITLE	T			.4. CITY - S I.1 TITLE	SI-ZIP	Change Addition		
NAME	TALVITIE, HEIKKI	ш.	1	. 2 NAME	ì	La campo		
STREET ADDRESS	1245 NORTHEAST 81ST TER	RACE			ADDRESS			
CITY-ST-ZIP	MIAMI FL			.4 CITY - S				
TITLE	T			.1 TITLE		Change Addition		
NAME	TREECE, DAVID		5	2 NAME	l	:		
STREET ADDRESS	801 NORTHEAST 74TH STRI	EET	5	.3 STREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	MIAMI FL 33138			4 CITY-S	T-ZIP			
TITLE			DELETE 6	.1 TITLE		Change Addition		
NAME			6	2 NAME	1			
STREET ADDRESS			6	3 STREET	ADDRESS	į		

**SIGNATURE:** 

できる場合で、1.2重要機能機能を設定に対**機能**機能を行っている。 ままがら、おきまりは言葉機が関係を発展しませます。 アメランスはいっては、関係を行っていていていていていている。

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changes, or on an atjachment with an address. Theere Treasures

4-10-98

305-751-8855

**FILED** 

Apr 14 1998 8:00am

Secretary of State